

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

HEAD START CHILD ENROLLMENT FORM

The _____ day care center participates in the U.S. Department of Agriculture Child and Adult Care Food Program (CACFP). This program helps us provide nutritious meals and snacks to children enrolled at our center. The requirements and portion sizes for those meals and snacks are included as an attachment to this enrollment form. Under the regulations of the CACFP, you are not charged separate fees for meals nor may you be asked to provide food for your children for those meals or snacks claimed under the program. Regular day care fees cover the cost of care and food costs not reimbursed by the CACFP.

Check here ONLY if you are choosing **not** to enroll your child in CACFP, then sign and date the bottom of the form:

☐ *I do not want my child to participate in the Child and Adult Care Food Program (CACFP).*

To verify the enrollment of your child in this child care center complete the following information, sign and date the bottom of the form and return it to the day care center:

Please Print

Day Care Center's Name: _____

Your Child's Name: _____
Last Name
First Name
Month, Date & Year of Birth
Age

First Day of Attendance: _____

My child will normally be in child care during the following days and times and receive meals as indicated below:

Normal days of care (check each applicable day)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Normal hours in care (indicate AM or PM)	____ to ____ and ____ to ____	____ to ____ and ____ to ____	____ to ____ and ____ to ____	____ to ____ and ____ to ____	____ to ____ and ____ to ____
Meals normally served to my child	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack

Parent/Guardian Name (Please Print): _____

Address (Please Print): _____
Street
City
State
Zip Code

Work Phone: _____ Home Phone: _____

Parent/Guardian: _____ Date: _____

Signature

Sponsor Representative: _____ Date: _____

Signature

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

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